

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **4320**

Registrar's No. **54**

BIRTH NO. _____		REG. DIST. NO. <b>77</b>		PRIMARY REG. DIST. NO. <b>3016</b>		Registrar's No. <b>54</b>	
1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Boone</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City</b>		c. LENGTH OF STAY (in this place) <b>30 min</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Columbia, Mo</b>		3. DATE OF DEATH (Month) (Day) (Year) <b>March 3-1950</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Mary Hospital</b>		d. STREET ADDRESS <b>2101 5th St.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b>		b. (Middle)		c. (Last) <b>Prince</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Black</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Nov 27 1925</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Columbia, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>unk</b>		13b. MOTHER'S MAIDEN NAME <b>unk</b>		14. NAME OF HUSBAND OR WIFE <b>no.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, specify) <b>no</b>		16. SOCIAL SECURITY NO. <b>8759040</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Joe Prince</b>		ADDRESS <b>Columbia, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <b>Fracture of femur</b>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Fracture of femur</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Auto accident</b> DUE TO (c) <b>Shock - Hemorrhage</b> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <b>Highway 63 North</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Cedar Boone Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Hour) <b>3-3-50 6:12 P.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Car wreck</b>			
22. I hereby certify that I attended the deceased from <b>Death of Robert Prince</b> , that I last saw the deceased alive on <b>March 3, 1950</b> , and that death occurred at <b>Columbia, Mo.</b> , from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) <b>J. H. Leach M.D. Coroner</b>				22b. ADDRESS <b>Jeff City Mo.</b>		22c. DATE SIGNED <b>3-3-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-6-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Columbia Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Columbia Mo</b>	
DATE REC'D BY LOCAL REG. <b>Mar 4 1950</b>		REGISTRAR'S SIGNATURE <b>R. P. Davis MD-NR</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Victor Brecher Jr. Mo</b>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 11 1950

RECEIVED  
MAR 4 1950  
District Health Officer No. 9  
District File Number

MAY 26 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by not

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Victor Buecher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.